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PTO/SB/01 (10-00)
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number 9-13528-137US
	First Named Inventor Simpson, Valerie A.
	Complete if known
	Application Number _____
	Filing Date _____
	Group Art Unit _____
	Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OSPF BACKUP INTERFACE

the specification of which

☒ is attached hereto.

OR

☐ was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**
SWABEY OGILVY RENAULT



020988

Direct all correspondence to:



020988

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Valerie A.

Simpson

Inventor's Signature V. Simpson X Date December 15, 2000
Residence: City Stittsville State Ontario Country Canada Citizenship Canadian
Post Office Address 3 Springwood Circle

City Stittsville Province or State Ontario Postal Code K2S 1E1 Country Canada

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name: Dwight D.				Family Name or Surname: Jamieson			
Inventor's Signature: _____				Date: _____			
Residence: City Ottawa		State Ontario	Country Canada	Citizenship Canadian			
Mailing Address: 146 Guigues Street							
Mailing Address: _____							
City Ottawa		Province or State Ontario	Postal Code Or Zip K1N 5H9	Country Canada			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name: Nevein T.				Family Name or Surname: Sultan			
Inventor's Signature: _____				Date: _____			
Residence: City Ottawa		State Ontario	Country Canada	Citizenship Canadian			
Mailing Address: #229 - 1025 Grenon Avenue							
Mailing Address: _____							
City Ottawa		Province or State Ontario	Postal Code Or Zip K2B 8S5	Country Canada			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name: _____				Family Name or Surname: _____			
Inventor's Signature: _____				Date: _____			
Residence: City _____		State _____	Country _____	Citizenship _____			
Mailing Address: _____							
Mailing Address: _____							
City _____		Province or State _____	Postal Code Or Zip _____	Country _____			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name: _____				Family Name or Surname: _____			
Inventor's Signature: _____				Date: _____			
Residence: City _____		State _____	Country _____	Citizenship _____			
Mailing Address: _____							
Mailing Address: _____							
City _____		Province or State _____	Postal Code Or Zip _____	Country _____			

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